

## HISTORY FACILITY PROFILE

LAKEVIEW HOSPITAL TCU PROVIDER #: 465131 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
 630 EAST MEDICAL DRIVE PHONE NUMBER: (801) 292-6231 TOTAL: 10  
 BOUNTIFUL UT 84010 PARTICIPATION DATE: 12/08/1992 CERTIFIED: 10 TYPE OWNERSHIP: FOR PROFIT - CORPORATION  
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 05/29/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 10			
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TOTAL:	5	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	4	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	0			10			
OTHER:	1						

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3	S/S	PRIOR 2	S/S	PRIOR 1	S/S	CURRENT	S/S	PLAN/DATE	
SURVEY	CODE	SURVEY	CODE	SURVEY	CODE	SURVEY	CODE	OF CORRECT	PROGRAM REQUIREMENTS
01/2000		09/2000		06/2001		05/29/2002			

\*\*\* NO DEFICIENCIES WERE FOUND \*\*\*

EDITION OF LSC APPLIED					
85 NEW	85 NEW	85 NEW	85 NEW		
PRIOR 3	PRIOR 2	PRIOR 1	CURRENT	PLAN/DATE	
SURVEY	SURVEY	SURVEY	SURVEY	OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
01/2000	09/2000	06/2001	06/18/2002		
	X				K0018-CORRIDOR DOORS
			X C	06/18/2002	K0045-EXIT LIGHTING
			X N		K0056-AUTOMATIC SPRINKLER SYSTEM
	X				K0064-PORTABLE FIRE EXTINGUISHERS
	X				K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	0	0	0	0
HEALTH TOTAL	0	0	0	0
LIFE SAFETY CODE	2	0	3	0
LIFE SAFETY CODE + HEALTH	2	0	3	0

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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08/04/1998	UNSUBSTANTIATED

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
 COP = CONDITION REQ = REQUIREMENT